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PTO/SB/11 (08-04)

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**TRANSMITTAL
FORM**

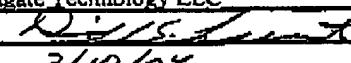
(To be used for all correspondence after initial filing)

Application Number	09/851,767
Filing Date	May 9, 2001
First Named Inventor	Ying EE Yip
Art Unit	2651
Examiner Name	Rodriguez, Glenda P.
Total Number of Pages in This Submission	5
Attorney Docket Number	SIL9863

ENCLOSURES (Check all that apply)

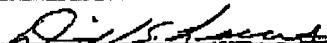
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy or Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s), _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David K. Lucenti, Reg. No. 36,202 Seagate Technology LLC
Signature	
Date	3/10/04

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:

Typed or printed name	David K. Lucenti	Date	03/10/2004
Signature			

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 330.00)

Complete if Known

Application Number	09/851,767
Filing Date	May 9, 2001
First Named Inventor	Ying EE Yip
Examiner Name	Rodriguez, Glenda P.
Art Unit	2651
Attorney Docket No.	STL9663

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account:

Deposit Account Number	19-1038
Deposit Account Name	

The Director is authorized to: (check off that apply)
 Change fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Change fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051	05 Surcharge - late filing fee or oath	
1052 50	2052	25 Surcharge - late provisional filing fee or cover sheet	
1053 130	1053	130 Non-English specification	
1812 2,520	1812	2,520 For filing a request for ex parte reexamination	
1804 920	1804	920 Requesting publication of SIR prior to Examiner action	
1805 1,840	1805	1,840 Requesting publication of SIR after Examiner action	
1251 110	2251	55 Extension for reply within first month	
1252 420	2252	210 Extension for reply within second month	
1253 550	2253	475 Extension for reply within third month	
1254 1,480	2254	740 Extension for reply within fourth month	
1255 2,010	2255	1,005 Extension for reply within fifth month	
1401 330	2401	165 Notice of Appeal	
1402 330	2402	165 Filing brief in support of an appeal	
1403 280	2403	145 Request for oral hearing	
1451 1,510	1451	1,510 Petition to institute a public use proceeding	
1452 110	2452	55 Petition to revive - unavoidable	
1403 1,330	2463	665 Petition to revive - unintentional	
1501 1,330	2501	665 Utility issue fee (or reissue)	
1502 480	2502	240 Design issue fee	
1503 640	2503	320 Plant issue fee	
1400 130	1400	130 Petitions to the Commissioner	
1807 60	1807	60 Processing fee under 37 CFR 1.17(q)	
1808 160	1808	160 Submission of Information Disclosure Stmt	
8021 40	8021	40 Recording each patent assignment per property (times number of properties)	
1809 770	2809	395 Filing a submission after final rejection (37 CFR 1.12(e))	
1810 770	2810	385 For each additional invention to be examined (37 CFR 1.12(b))	
1801 770	9001	385 Request for Continued Examination (RCE)	
1802 900	1802	900 Request for expedited examination of a design application	
Other fee (specify)			
Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			

Fee Paid

330.00

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee Description	Fee Paid
1001 770	2001	385		Utility filing fee	
1002 340	2002	170		Design filing fee	
1003 530	2003	265		Plant filing fee	
1004 770	2004	385		Release filing fee	
1005 160	2005	80		Provisional filing fee	
SUBTOTAL (1) (\$)					

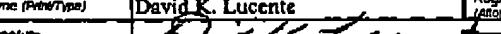
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	.20*	=	x =
Multiple Dependent	.3**	=	x =

Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee Description	Fee Paid
1202 16	2202	9		Claims in excess of 20	
1201 80	2201	43		Independent claims in excess of 3	
1203 280	2203	145		Multiple dependent claim, if not paid	
1204 88	2204	45		" Release independent claims over original patent	
1205 16	2205	9		" Release claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					

*or number previously paid, if greater. For Reissues, see above

(Complete if applicable)

Name (Print/Type)	David K. Lucente	Registration No. (Attorney/Agent)	36,202	Telephone	720-684-2295
Signature		Date	March 10, 2004		

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3-16-04

PTO/SB/31 (08-03)
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) STL9663							
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on <u>3/10/04</u>.</p> <p>Signature <u>D. Luente</u></p> <p>Typed or printed name <u>David K. Luente</u></p>		<p>In re Application of Ying EE Yip, et al.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number 09/851,767</td> <td style="width: 50%;">Filed May 9, 2001</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">For Pattern-Based Defect Description Method</td> </tr> <tr> <td style="width: 50%;">Art Unit 2651</td> <td style="width: 50%;">Examiner Rodriguez, Glenda P.</td> </tr> </table>		Application Number 09/851,767	Filed May 9, 2001	For Pattern-Based Defect Description Method		Art Unit 2651	Examiner Rodriguez, Glenda P.
Application Number 09/851,767	Filed May 9, 2001								
For Pattern-Based Defect Description Method									
Art Unit 2651	Examiner Rodriguez, Glenda P.								
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$ 330.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$ _____</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-1038</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.36(a) (PTO/SB/22) is enclosed.</p>									
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. <small>See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)</small> <input type="checkbox"/> attorney or agent of record. <small>Registration number _____</small> <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). <small>Registration number if acting under 37 CFR 1.34(b).</small> <u>36,202</u> <input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>									
<p>_____ Signature David K. Luente <small>Typed or printed name</small> (720) 684-2295 <small>Telephone number</small> Date <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>									

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